
Is the Time Ripe to Start a Universal Health Care System for Thailand?

HENRY WILDE, M.D.*,
SURASAK TANEEPANICHSKUL, M.D.**,
CHUMSAK PRUKSAPONG, M.D.***

SUKHIT PHAOSAVASDI, M.D.**,
YUEN TANNIRANDORN, M.D.**

The Thai government is now planning a health care system that will cover all citizens. One can only hope that this will be a successful effort. The concept that health care is a basic human right is embodied in a United Nations document which was also ratified by Thailand. Most civilized nations agree that it is the responsibility of good government to ascertain that affordable and free, if necessary, essential medical services are available to all citizens. What represents basic or essential health care has not been defined and is interpreted differently by different societies, largely based on their economic resources and technical sophistication. Some level of medical care has been guaranteed to all citizens whether rich or poor by virtually all developed countries among which only the United States is missing. However, we also know that government sponsored free medical care can be a bottomless pit; one that can bankrupt a state's

treasury even faster than the military establishment. When considering health care for all, one must remember that about 50 per cent of Thais live below the poverty line as of 1999 and the average per capita annual income is only 30,000 Baht or 750 US Dollars per citizen. Nevertheless, we would like to see a medical care system in this country that assures basic medical and preventive care for all; rich and poor. How this can be done is a complex problem for health-care economists and those interested in good governance. Organization, eligibility for entry as well as the extent of care provided and how to implement all of this cost effectively, will create enormous logistic and ethical problems, some of which we should anticipate and discuss before planning has gone much further.

1. Universal government health care can only be developed if there is an appropriate infrastructure or one that can be created rapidly. This

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**WILDE H, PHAOSAVASDI S,
TANEEPANICHSKUL S, TANNIRANDORN Y, PRUKSAPONG C
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* Saovabha Memorial Institute, Thai Red Cross,

** Department of Obstetrics and Gynecology, Faculty of Medicine, Chulalongkorn University,

*** Department of Surgery, Police Hospital, Bangkok 10330, Thailand.

requires an ample number of well-trained motivated doctors, nurses, technical support personnel and health care administrators; spread over the entire country.

Thailand has a good physical infrastructure and well-trained nurses and technical personnel. The numbers are, however, grossly inadequate to supply the whole country. Doctors and nurses outside the major cities are overworked, underpaid and see far too many patients to provide good cost-benefit-effective care. Many serve in rural regions for an obligatory and limited time and may not have the motivation to help build a long-term base for sound rural practices. The vast majority of Thais, and the ones that need such a system the most, do not live in the large cities where most professionals are located.

2. Health care providers must be trained and willing to practice "evidence-based medicine" so as to avoid squandering physical, financial and professional resources on unproven ineffective and potentially harmful diagnostic and therapeutic measures.

Many young doctors in government hospitals are forced to see more patients in shorter periods of allocated time than would allow practicing good medicine, the shorter this contact time per patient will be, the less communication, and logical contemplation of therapy options will take place. This inevitably results in over prescribing and inappropriate laboratory or imaging tests that can only be avoided by good history taking and proper examination of patients; all of which requires time. The expectation, common in many Thai patients, that all interaction with a doctor requires receiving one or more medications, preferably by injection, must be countered by better education of the public. It is well known that perhaps as many as 20 per cent of general practice visits may not require any medications but can be very productive if reassurance and efforts to change harmful life style habits are addressed. None of this can be done in 5 minutes. Thus, educational and preventive measures must be an integral part of a universal health care plan. A well trained corps of nurse-practitioners, licensed to carry out basic procedures such as wound care, including suturing, history-taking and basic physical examination, diagnostic testing for common problems and their therapy, can take much stress off the medical profession. It has been found in many fully developed countries that a nurse practitioner often has much closer contacts with patients, remains

longer in the community and has more time for productive communication. The creation of such a group of nurses should be a priority and efforts to upgrade the already present health care providers in rural stations to this level should commence soonest.

3. Medical care today has virtually no limitations. We can keep a brain-dead patient alive for weeks if not months. We can replace a liver in a subject with advanced alcoholic cirrhosis. Some new diagnostic and therapeutic technologies have limited benefits in terms of increasing life expectancy or quality of life; they are inordinately expensive and yet have become routine in many countries. Even relatively rich countries in the West had to ration some of these procedures and have created review boards that must pass on their utilization. These issues must not be ignored prior to implementation of a universal health care system in Thailand. They will surface immediately after implementation of services. Government must also address the issue of funding in a realistic manner. What other government programs will have to loose funding in order to establish and maintain universal health care. Will the wealthy be asked to contribute to this fund? Experience elsewhere in the world has shown us that there is "no free lunch".

We have seen some heated discussions regarding the so-called "30 baht per doctor visit plan" in the press but the main issues have not been fully addressed. The only controversial one so far has been heated discussions whether or not HAART therapy for AIDS will be included. AIDS therapy and prevention are serious problems that need to be addressed but they are only one of many. What about cancer chemotherapy, bone marrow transplants, heart surgery, diabetes, strokes, collagen diseases, major orthopedic surgery and rehabilitation, chronic renal disease, heart, lung and kidney transplants, psychosis, etc. Creation of a board of experienced physicians and nurses which will start deliberation regarding concrete practice guidelines, the nature and limitations of care that can and can not be provided should be implemented ideally even before the system is launched. Some expert advice could be solicited from countries that have had a great deal of experience with these issues, notably Canada and the UK.

4. The consumption of drugs and biologicals is bound to increase once a universal health care system has been inaugurated. This must be anticipated. It will not be avoidable for moral and poli-

tical reasons to exclude most of the costly modern therapies listed above. This will have to be anticipated.

Much waste and inappropriate therapy can be avoided by development of practice guidelines and a well designed national formulary. The latter should be composed of as many as possible generic drugs and biologicals. The local and regional production of generic medications and biologicals should be encouraged in order to reduce costs and assure availability.

5. Is the Thai universal health care system to be one that covers truly all citizens? The rich and the poor? Immigrants? Illegal or not documented persons resident in Thailand? Tourists? How will health care facilities deal with patients who are excluded and yet poor and unable to pay for private care; particularly in an emergency? Will entry require a means test? Stressed doctors and nurses

in outpatient clinics should not be put in a position where they have to make decisions whether a patient is to be denied needed services.

These are issues that will have to be discussed and contemplated by government jointly with representatives of the health care professions. There will be many difficulties, incidents and bad press if the plan is not well thought out, addressed in a humane and economically and administratively practical manner and implemented slowly and deliberately; making corrections and revisions where needed. Government must realize that they have opened a "Pandora's Box" when they started serious planning for a universal health care scheme. This box will now be difficult to close. It may result in great benefits to society and become a model to other developing countries, but it also carries significant risks if it is not designed and implemented well.

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ข้อคิดเกี่ยวกับ 30 บาท รักษาทุกโรค

เฮนรี ไวลด์, พ.บ.*, สุจิต เผ่าสวัสดิ์, พ.บ.**,
สุรศักดิ์ ฐานิพานิชสกุล, พ.บ.**, เอื้อน ตันนิรันดร์, พ.บ.**, ชุมศักดิ์ พงกษาพงษ์, พ.บ.***

รัฐบาลไทยมีนโยบายในการประกันสุขภาพถ้วนหน้า ซึ่งจะครอบคลุมการดูแลสุขภาพขั้นพื้นฐานของประชาชนให้เหมือนประเทศที่เจริญแล้ว สุขภาพขั้นพื้นฐานมีการบริการที่แตกต่างกันไปขึ้นอยู่กับทรัพยากรของประเทศนั้น ๆ การที่รัฐให้บริการสุขภาพตามนโยบายนี้จากสาเหตุหนึ่งคือ ประชาชนคนไทยมากกว่าร้อยละ 50 ยากจนมีเงินเดือนต่ำกว่า 2,500 บาท ต่อเดือน จึงขาดหลักประกันในเรื่องสุขภาพและในยามเจ็บป่วย เป็นปัญหาใหญ่หลวงทางด้านการบริหารจัดการและด้านจริยธรรม จึงมีข้อคิดได้ดังนี้

1. แพทย์ พยาบาล และเจ้าหน้าที่สาธารณสุข ตลอดจนผู้บริหารต้องมีความพร้อมและเพียงพอทั้งด้านคุณภาพและปริมาณทั่วประเทศ โดยเฉพาะอย่างยิ่งในชนบทที่มีประชาชนอาศัยอยู่เป็นจำนวนมาก

แพทย์ที่ปฏิบัติงานในโรงพยาบาลของรัฐบาลทั้งในชุมชนและชนบท มีการดูแลผู้ป่วยเป็นจำนวนมากในแต่ละวัน ทำให้มีเวลาอยู่กับผู้ป่วยแต่ละคนน้อย เป็นผลให้การเสริมสร้าง ป้องกันและดูแลตรวจรักษา และการส่งตรวจทางห้องปฏิบัติการบกพร่อง เนื่องจากปริมาณงานมากกว่าเวลาหลายเท่า เช่น พบว่าประมาณร้อยละ 20 ของผู้ป่วยไม่จำเป็นต้องได้รับยาใด ๆ

